



WARRANTY REPAIR FORM

1. Fill out this form completely and submit to info@dgcproducts.com with a copy of your invoice.
2. Ship the Autoswitch and a copy of this form via USPS to:

DGC Products Testing Services
 204 37th Ave North, #287
 St. Petersburg, FL 33704

YOUR RETURN ADDRESS:

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

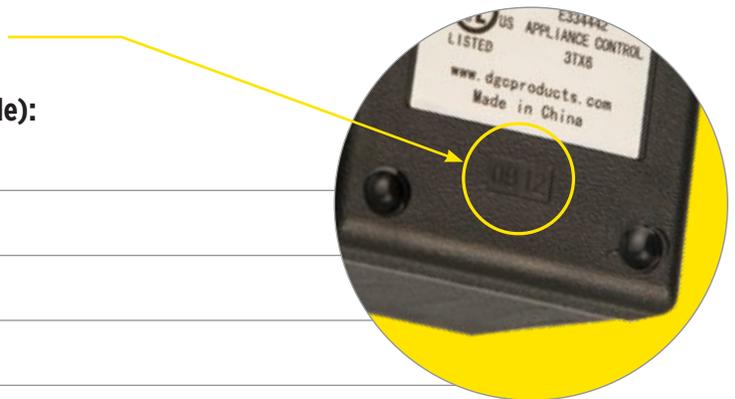
THE FOLLOWING INFORMATION IS USED FOR FUTURE QUALITY CONTROL.

Purchase date: _____

Retailer: _____

Four digit code on back of the Autoswitch: _____

Description of problem (Please provide as much detail as possible):



Tool that was used at the time of failure:

Vac/Dust Collector used at the time of failure:

Type of Tool: _____

Type of Vac: _____

Brand Name: _____

Brand Name: _____

HP/Amp (from motor tag): _____

HP/Amp (from motor tag): _____

NOTE: A large percentage of returns are fully functional but the tools being used has an operating amperage that is below the i-Socket actuation threshold of 0.7 amps. Please test your i-Socket with a suitable tool to make sure that this is not the cause of the problem before sending the i-Socket to us for further testing.

DGC Products, Inc. reserves the right to repair/replace any defective unit out of the warranty period.